IKA	VEL I	FORNIA – PERSONNEL ADMINISTRA' EXPENSE CLAIM 7/2005)				tructions nent On F					Dane	1 .,	1 -															
CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*				Page of Pages DEPARTMENT																	
Jonathan Y. Thomas											CIRM																	
i de la companya de					No.	l	DIVISION or BUREAU						INDEX NU	MBER														
Chairman RESIDENCE ADDRESS *								CIRM HEADQUARTERS ADDRESS				7878-01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1																
HEGIDENGE ADDITEGO							TIEADQUANTENS ADDRESS				TELEPHONE NUMB (415) 396-911																	
CITY STATE ZIP CODE							CITY							CODE														
				*****			Los Angeles				CA		90049															
(1) MONTH/YEAR		(3)	(4)	(5)	MEALS		(6)	(7)		TRANSPORTAT	ION		(8)	(9)														
9/2 (2) DATE		WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO OR DINNER	LO. INCIDEN-	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	PRIVA	(D) TE CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY														
14	13:30	Los Angeles to San Francisco	229.85	:	:		5	:		: :	IVIILES	AMOUNT	:	229.85														
15		San Francisco	229.85	:		54.00		:		:		:		283,85														
16	18:30	San Francisco to Los Angeles				:	; ;	:					: :	0,00														
			:	1 2			1 1 1			1	-	: :	7	0.00														
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			:	- - - - - - - -				1 1 1		:		:	:	0.00														
10)		SUBTOTALS	459.70	0.00	0.00	54.00	0.00	0.00		0.00	0	0.00	0,00	0.00														
COL		CODE (ACCTG. USE ONLY)	439.70	0,00	0.00	54.00	0,00	0.00		0,00	0	0,00	0.00	513,70														
	(CLAIM TOTAL				-								513.70														
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)										(12) NORMAL WORK HOURS																		
14-16) CIRM Grantee Meeting. no receipt for meal											(13) PRIVATE VEHICLE LICENSE NUMBER																	
											(13) P	RIVATE VEHIC	JLE LICENSE	NOWREH														
										(14) MILEAGE RATE CLAIMED .565 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER																		
														(15) I of	IEREBY Californ	CERTIFY That the above is a true state ia. If a privately owned vehicle was us r greater than the rate claimed, and th	ement of the tra	avel expense age rates ex	es incurred by ceed the mini	me in accord	dance with D	PA rules in the cost of oper	e service	of the State vehicle was				
														eg	µцаI to о	r greater than the rate claimed, and th	at I have met	DATE	nents as pres	cribed by SA	M Sections	0750, 0751, (0752, 075		PAYME			
				121.	45/17	<u>S</u>						a	125/20	OlB .														
			TITLE	(See Item 17	on reverse)							DA ⁻	TE															